

State: WASHINGTON

ASSESSMENT (con't)

3. Determine whether the individual is, or continues to be, functionally disabled. This determination will be made on the basis of the assessment or review.
- h. The interdisciplinary team conducting the assessment shall furnish the results to the Medicaid agency and to the qualified community care case manager designated by the Medicaid agency (as specified in Appendix E) to establish, review and revise the individual's ICCP.
- i. The Medicaid agency will monitor the appropriateness and accuracy of the assessments and periodic reviews on an ongoing basis, and whenever it is informed by a qualified community care case manager that inaccuracies appear to exist in the assessment of an individual. All problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the nature and severity of any deficiencies noted.

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State: WASHINGTON

INTERDISCIPLINARY TEAM

- a. Initial assessments will be performed by interdisciplinary teams designated by the State. The agency will designate interdisciplinary teams that meet the following criteria (check all that apply):

1. ☐ The interdisciplinary teams will be employed directly by the Medicaid agency.
2. ☐ The interdisciplinary teams will be employed directly by other agencies of State government, under contract with the Medicaid agency.
3. ☐ The interdisciplinary teams will be employed directly by agencies of local government under contract with the Medicaid agency.
4. ☐ The interdisciplinary teams will be employed directly by nonpublic organizations which do not provide home and community care or nursing facility services and do not have a direct or indirect ownership or control interest in, or direct or indirect affiliation or relationship with, an entity that provides community care or nursing facility services.

Interdisciplinary teams may utilize data gathered by other professionals, and may consult with service providers in conducting comprehensive functional assessments.

When assessments are provided under contract with an agency or organization which is not part of the Medicaid agency, the Medicaid agency will specify, as part of the contract, that the contracting agency or organization may not subcontract with another entity for the performance of the assessments without the prior written approval of the Medicaid agency.

- b. Periodic reviews of assessments will be performed by interdisciplinary teams designated by the State. The agency will designate interdisciplinary teams that meet the following criteria (check all that apply):

1. ☐ The interdisciplinary teams will be employed directly by the Medicaid agency.
2. ☐ The interdisciplinary teams will be employed directly by other agencies of State government, under contract with the Medicaid agency.
3. ☐ The interdisciplinary teams will be employed directly by agencies of local government under contract with the Medicaid agency.
4. ☐ The interdisciplinary teams will be employed directly by nonpublic organizations which do not provide home and community care or nursing facility services and do not have a direct or indirect ownership or control interest in, or direct or indirect affiliation or relationship with, an entity that provides community care or nursing facility services.

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INTERDISCIPLINARY TEAM (con't)

Interdisciplinary teams may utilize data gathered by other professionals, and may consult with service providers in conducting periodic reviews of the individuals' comprehensive functional assessments.

When periodic reviews of assessments are provided under contract with an agency or organization which is not part of the Medicaid agency, the Medicaid agency will specify, as part of the contract, that the contracting agency or organization may not subcontract with another entity for the performance of the periodic reviews without the prior written approval of the Medicaid agency.

c. The interdisciplinary teams conducting initial assessments shall consist, at a minimum, of (check all that apply, but at least 2):

1. ☐ Registered nurse, licensed to practice in the State
2. ☐ Licensed Practical or Vocational nurse, acting within the scope of practice under State law
3. ☐ Physician (M.D. or D.O.), licensed to practice in the State
4. ☐ Social Worker (qualifications attached to this Appendix)
5. ☐ Case manager
6. ☐ Other (specify): \_\_\_\_\_

d. The interdisciplinary teams conducting periodic reviews of assessments shall consist, at a minimum, of (check all that apply, but at least 2):

1. ☐ Registered nurse, licensed to practice in the State
2. ☐ Licensed Practical or Vocational nurse, acting within the scope of practice under State law
3. ☐ Physician (M.D. or D.O.), licensed to practice in the State
4. ☐ Social Worker (qualifications attached to this Appendix)
5. ☐ Case manager
6. ☐ Other (specify): \_\_\_\_\_

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INDIVIDUAL COMMUNITY CARE PLAN (ICCP)

- a. A written individual community care plan (ICCP) will be developed for each individual who has been determined, on the basis of a comprehensive functional assessment performed in accordance with Appendix D, to be a functionally disabled elderly individual, according to the criteria set forth in Appendices A and B.
- b. The ICCP will be established, and periodically reviewed and revised, by a Qualified Community Care Case Manager after a face to face interview with the individual or primary caregiver.
- c. The ICCP will be based on the most recent comprehensive functional assessment of the individual conducted according to Appendix D.
- d. The ICCP will specify, within the amount, duration and scope of service limitations set forth in Appendix C, the home and community care to be provided to such individual under the plan.
- e. The ICCP will indicate the individual's preferences for the types and providers of services.
- f. The ICCP will specify home and community care and other services required by such individual. (Check one):  
1. ☐ Yes      2. ☐ No
- g. The ICCP will designate the specific providers (who meet the qualifications specified in Appendix C-2) which will provide the home and community care. (Check one):  
1. ☐ Yes      2. ☐ No
- h. Neither the ICCP, nor the State, shall restrict the specific persons or individuals (who meet the requirements of Appendix C-2) who will provide the home and community care specified in the ICCP.

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QUALIFIED COMMUNITY CARE CASE MANAGERS

- a. A "Qualified Community Care Case Manager" will meet each of the following qualifications for the provision of community care case management.
1. Be a nonprofit or public agency or organization;
  2. Have experience or have been trained in:
    - A. Establishing and periodically reviewing and revising ICCPs; and
    - B. The provision of case management services to the elderly.The minimum standards of experience and training which will be employed by the State are attached to this Appendix;
  3. Have procedures for assuring the quality of case management services. These procedures will include a peer review process.
  4. The State will assure that community care case managers are competent to perform case management functions, by requiring the following educational or professional qualifications be met. (Check all that apply):
    - A. ☐ Registered nurse, licensed to practice in the State
    - B. ☐ Physician (M.D. or D.O.), licensed to practice in the State
    - C. ☐ Social Worker (qualifications attached to this Appendix)
    - D. ☐ Other (specify): \_\_\_\_\_
- b. When community care case management is provided by a nonprofit, nonpublic agency, the agency providing the community case management will not have a direct or indirect ownership or control interest in, or direct or indirect affiliation or relationship with, an entity that provides home and community care or nursing facility services and will not furnish home and community care or nursing facility services itself. (Check one):
1. ☐ Yes
  2. ☐ Not applicable. The State will not use nonprofit, nonpublic agencies to provide community care case management.
- c. The State will employ procedures to assure that individuals whose home and community care is managed by qualified community care case managers are not at risk of financial exploitation due to such managers. An explanation of these procedures is attached to this Appendix.

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QUALIFIED COMMUNITY CARE CASE MANAGERS (con't)

d. The State requests that the requirements of item E-2-b be waived in the case of a nonprofit agency located in a rural area. The State's definition of "rural area" is attached to this Appendix. (Check one):

1.            Yes    2.            No
3.            Not applicable. The State will not use nonprofit, nonpublic agencies to provide community care case management.

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COMMUNITY CARE CASE MANAGEMENT FUNCTIONS

- a. A qualified community care case manager is responsible for:
1. Assuring that home and community care covered under the State plan and specified in the ICCP is being provided;
  2. Visiting each individual's home or community care setting where care is being provided not less often than once every 90 days;
  3. Informing the elderly individual or primary caregiver how to contact the case manager if service providers fail to properly provide services or other similar problems occur. This information will be provided verbally and in writing.
  4. Completes the ICCP in a timely manner; and
  5. Reviews and discusses new and revised ICCPs with elderly individuals or primary caregivers.
- b. Whenever a qualified community care case manager has reason to believe that an individual's assessment or periodic review (conducted under Appendix D) appears to contain inaccuracies, the community care case manager will bring these apparent discrepancies to the attention of the agency which has performed the assessment or review. If the assessors and the community care case manager are unable to resolve the apparent conflict, the case manager shall report the situation to the component of the Medicaid agency which is responsible for monitoring the program.
1.            Yes      2.            No
- c. Whenever a qualified community care case manager is informed by an elderly individual or primary caregiver that provider(s) have failed to provide services, or that other similar problems have occurred, the community care case manager shall take whatever steps are necessary to verify or disprove the complaint. If a problem is confirmed by this monitoring, the community care case manager shall address the problem in an appropriate and timely manner, consistent with the nature and severity of any deficiencies noted. This may include reporting the situation to the component of the Medicaid agency which is responsible for monitoring the program.
1.            Yes      2.            No
- d. Whenever a qualified community care case manager is informed by a provider of service (whether paid or unpaid) that there has been a change in the individual's condition, or that a problem may have arisen which is not currently being addressed, the community care case manager shall take whatever steps are necessary to verify or disprove the information. If a problem is confirmed by this monitoring, the community care case manager shall address it in an appropriate and timely manner, consistent with the nature and severity of the situation.
1.            Yes      2.            No

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COMMUNITY CARE CASE MANAGEMENT FUNCTIONS (con't)

- e. Community care case managers shall verify the qualifications of each individual or agency providing home and community care services prior to the initiation of services, and at such intervals as are specified in Appendix C, thereafter. (Check one):
1.            Yes      2.            No
- f. Where the provision of services in an individual's ICCP is not governed by State licensure or certification requirements, the community care case manager shall verify the qualifications of the individual or entity furnishing the services, and as necessary, provide or arrange for the training specified in Appendix C-2. (Check one):
1.            Yes      2.            No
3.            Not applicable. All services are governed by State licensure or certification requirements.
- g. Community care case managers shall inform each elderly individual for whom an ICCP is established of the person's right to a fair hearing should the individual disagree with the contents of the ICCP.

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State: WASHINGTON

RIGHTS SPECIFIED IN THE STATUTE

The State assures that home and community care provided under the State plan will meet the following requirements:

- a. Individuals providing care are competent to provide such care. The State will maintain documentation to show that each provider of care meets or exceeds the applicable minimum qualifications specified in Appendix C-2.
- b. Individuals receiving home and community care shall be assured the following rights:
  1. The right to be fully informed in advance, orally and in writing, of the following:
    - a. the care to be provided,
    - b. any changes in the care to be provided; and
    - c. except with respect to an individual determined incompetent, the right to participate in planning care or changes in care.
  2. The right to voice grievances with respect to services that are (or fail to be) furnished without discrimination or reprisal for voicing grievances, and to be told how to complain to State and local authorities. A description of the procedures which the State will utilize to ensure this right is attached to this Appendix.
  3. The right to confidentiality of personal and clinical records.
  4. The right to privacy and to have one's property treated with respect.
  5. The right to refuse all or part of any care and to be informed of the likely consequences of such refusal.
  6. The right to education or training for oneself and for members of one's family or household on the management of care.
  7. The right to be free from physical or mental abuse, corporal punishment, and any physical or chemical restraints imposed for purposes of discipline or convenience and not included in the individual's ICCP.
  8. The right to be fully informed orally and in writing of the individual's rights.

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ADDITIONAL RIGHTS

The State assures that home and community care provided under the State plan will meet the following additional requirements:

- a. The State assures that all facilities covered by section 1616(e) of the Social Security Act, in which home and community care services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities. Copies of these standards are maintained at the Medicaid agency.
- b. In the case of an individual who has been adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the individual are exercised by the person appointed under State law to act on the individual's behalf.
- c. In the case of an individual who resides in his or her own home, or in the home of a relative, when the individual has not been adjudged incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the individual's rights to the extent provided by State law. In addition, all rights to be informed of the care to be provided, and to have input into the development of the ICCP specified in Appendix F-1-b shall be extended to the principal caregiver.
- d. In the case of an individual who resides in a community care setting, and who has not been adjudged incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the individual's rights to the extent provided by State law.

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